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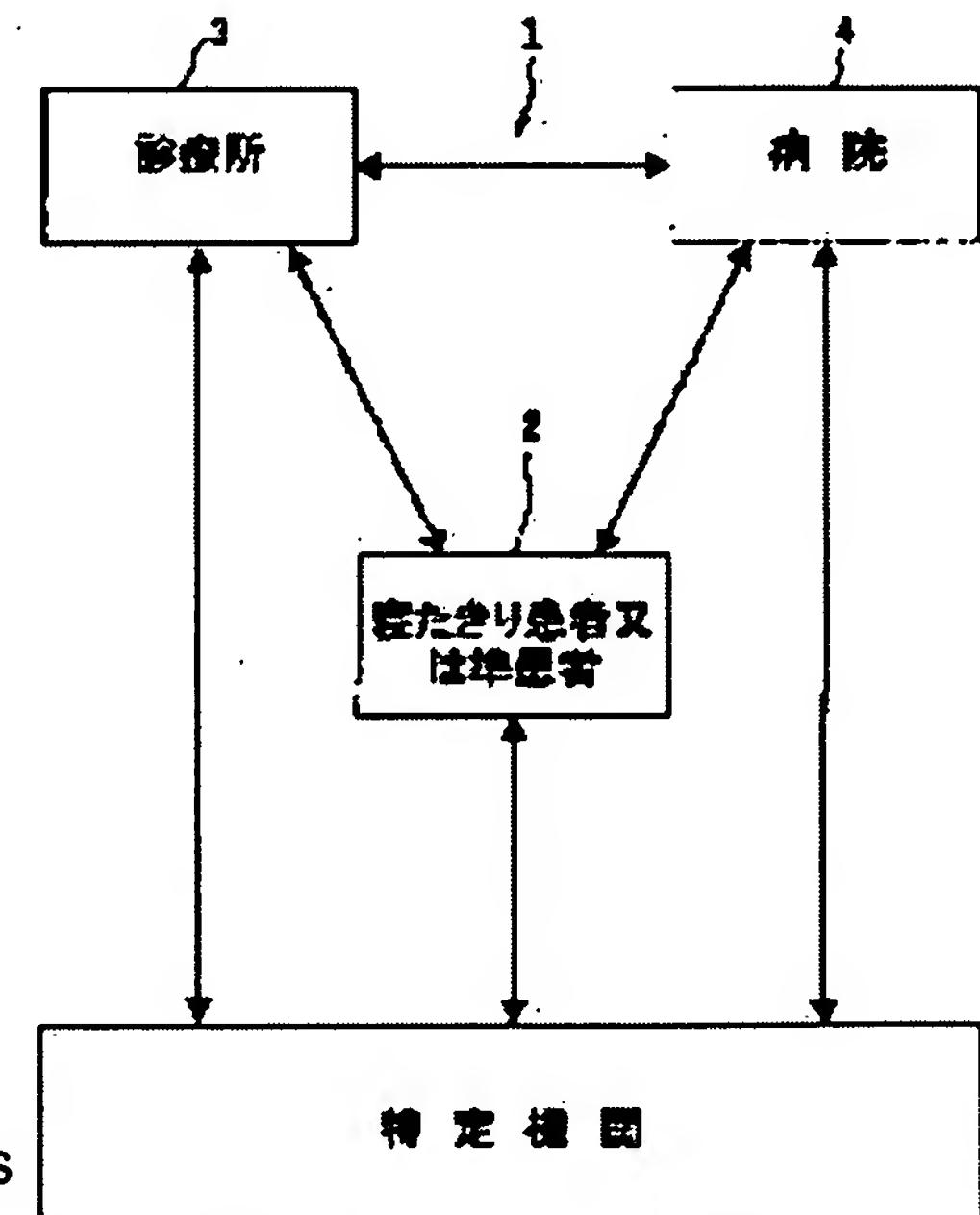
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(54) MEDICAL CARE SYSTEM FOR BEDRIDDEN PATIENT OR QUASI- PATIENT

(57)Abstract:

PROBLEM TO BE SOLVED: To accelerate home medical care and to improve the medical care of a bedridden patient or a quasi-patient by constructing the mutual network of the bedridden patient or quasi-patient at home, a clinic, a hospital and specified organ for connecting them with each other.

SOLUTION: The specified organ 5 for connecting the bedridden patient or quasi-patient 2 at home and the clinic 3 and the hospital 4 with each other is provided, the patient 2 registers himself/herself in the specified organ 5, the clinic 3 and the hospital 4 make a contract with the specified organ 5 and thus, the network system is constructed. Then, within the network system, when the patient 2 is introduced by the specified organ 5, the doctor of the clinic 3 examines the patient 2 for the first time, introduces the hospital 4 under the contract with the specified organ 5, recommends a test in the hospital 4, then performs periodical home medical care thereafter and records the medical care in a home medical treatment notebook. Further, the hospital 4 performs the first time test of the patient 2, performs the medical care and medical consultations or the like at all times in the form of cooperating with the clinic 3 and



supporting the clinic 3 and records them in the home medical treatment notebook.

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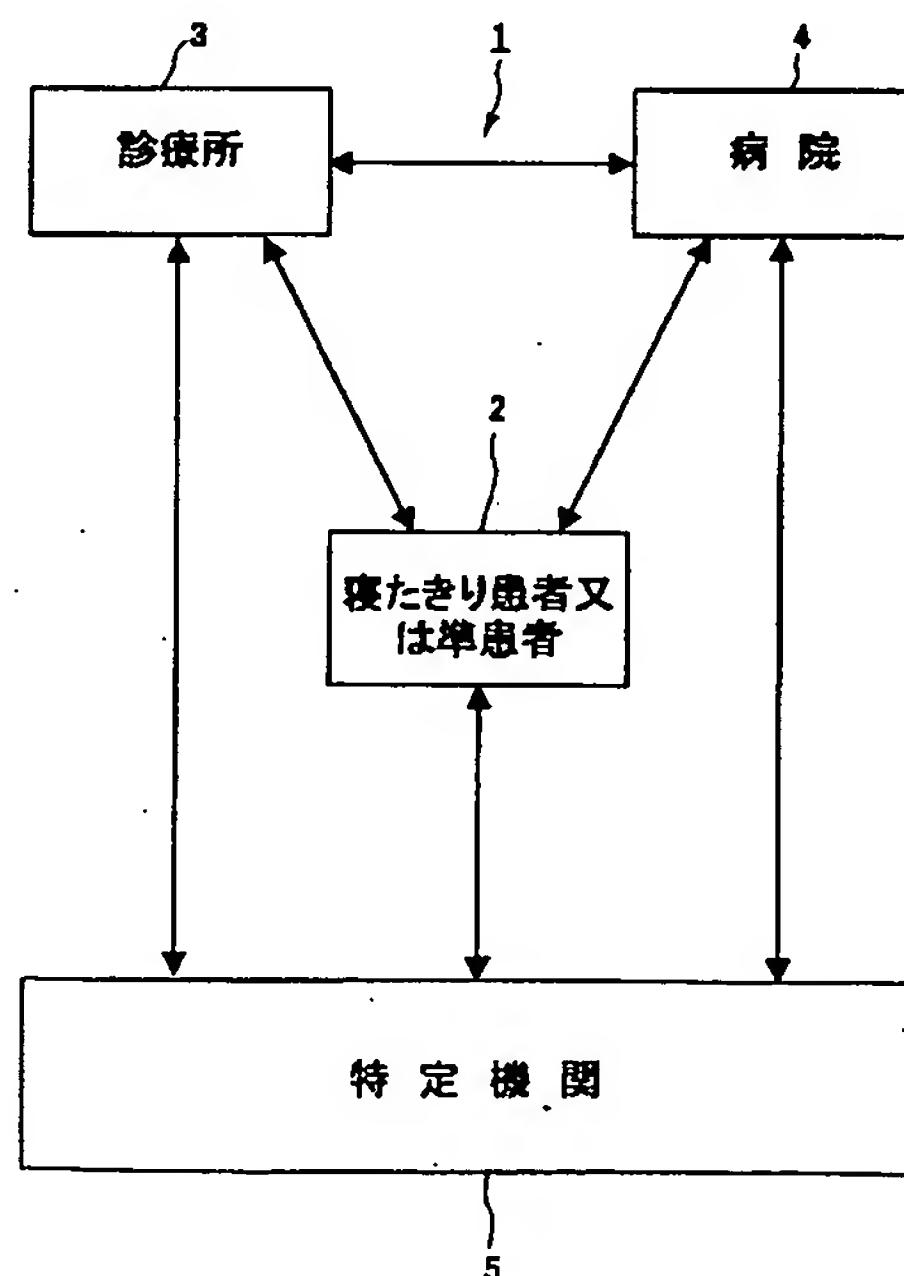
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(54)【発明の名称】寝たきり患者又は準患者の医療看護システム

(57)【要約】

【課題】在宅の寝たきり患者又は準患者、及び診療所、病院、並びに、それらを相互に結ぶ特定機関の相互ネットワークを構築して、在宅医療看護の促進を図ると共に、寝たきり患者又は準患者の医療看護を向上させる。

【解決手段】在宅の寝たきり患者又は準患者2、及び診療所3並びに病院4を相互に結ぶ特定機関5を設け、前記患者2は該特定機関5に登録し、前記診療所3及び前記病院4は該特定機関5と契約を結ぶことによりネットワークシステムを構築する。そして、該ネットワークシステム内で、前記診療所3の医師は、前記特定機関5により患者2を紹介された時、該患者2の初診を行い、且つ、前記特定機関5と契約している病院4の紹介を行うと共に、該病院4に於ける検査を薦め、そして、その後の定期的な在宅医療看護を行い、且つ、該医療看護について在宅診療ノートに記録する。更に、前記病院4は、患者2の初回検査を行うと共に、前記診療所3と連携し、且つ、該診療所3を支援する形で、常時、医療看護、及び、医療相談等を行うと共に、前記在宅診療ノートへの記録を行う。



【特許請求の範囲】

【請求項1】 在宅の寝たきり患者又は準患者、及び診療所、病院、並びに、それらを相互に結ぶ特定機関によって構築される相互ネットワークシステムであって、前記患者は前記特定機関に登録し、前記診療所及び前記病院は該特定機関と契約を結びネットワークシステムを構築すると共に、該ネットワークシステム内で、前記診療所の医師は、前記特定機関により患者を紹介された時、該患者を訪問して初診を行い、且つ、該初診時に該患者に対し、前記特定機関と契約している病院の紹介を行うと共に、該病院に於ける検査を薦め、そして、前記診療所の医師及び看護婦（士）は、該患者のその後の定期的な在宅医療看護を行い、且つ、該医療看護について在宅診療ノートに記録し、更に、前記病院は、前記患者の初回検査を行うと共に、前記診療所と連携し、且つ、該診療所を支援する形で、常時、医療看護及び医療相談等を該病院内で行うと共に、該医療看護について、前記在宅診療ノートへの記録を行うように構成されたことを特徴とする寝たきり患者又は準患者の医療看護システム。

【発明の詳細な説明】

【0001】

【発明の属する技術分野】この発明は、寝たきり患者又は準患者の医療看護システムに関するものであり、特に、在宅の寝たきり患者又は準患者及び診療所及び病院並びにそれらを相互に結ぶ特定機関の相互ネットワークシステムを構築するための寝たきり患者又は準患者の医療看護システムに関するものである。

【0002】

【従来の技術】従来、此種在宅医療看護については、診療所が独自で365日24時間の医療相談窓口を開き、且つ、在宅医療看護を行うもの、及び、病院が独自で365日24時間の医療相談窓口を開き、且つ、在宅医療看護を行うもの、並びに、病院等が別法人を設立して、在宅介護中心のサービスを行うもの等が知られている。

【0003】

【発明が解決しようとする課題】此種従来の在宅医療看護は、例えば、診療所が実施する在宅医療看護の場合、365日24時間の医療相談窓口が必要で、又、緊急時の応対も必要なため、医師及び診療所の負担と拘束が大きく、現在、殆どの診療所では実施されていない。又、病院が在宅医療看護を行う場合も、往診して該医療看護を行い、更に、再度入院する際に於いて継続入院となるため、医師及び看護の負担に比較して該病院の収益性が少なく、在宅医療看護の継続が難しい状況にある。又、別法人を設立して在宅介護中心のサービスを行う場合は、サービス料が高額になる傾向があるため、患者の支持を得られないという欠陥があった。更に、前述の在宅医療看護に加え、診療所と病院が連携した在宅医療看護の方法を考えられるが、現状では、診療所と病院との連携が円滑に行われず、この方法は殆ど実施されていない。

い。

【0004】斯くの如く不都合が存在するため、在宅医療看護は実施の促進が遅れており、全国の寝たきり老人の7~8%程度しか在宅医療サービスを受けていないのが現状である。然しながら、今後、更に、多くの寝たきり患者又は準患者が安心、且つ、充分な在宅医療看護を受け、且つ、医療費の増大の抑制並びに在院日数の短縮化の必要性が生じてくる。又、現行の保険制度の継続等のために、良好な在宅医療看護が促進される必要性も生じてくるものと思われる。

【0005】一方、国や政府の施策として、診療報酬の点数改正が行われて「在宅療養料」が設定されているが、その後の診療報酬点数改正により、在宅医療実施と共に往診料も算定できるようになっている。又、最近、公的介護保険制度が実施される予定になっており、且つ、国では来るべき超高齢化社会の到来に鑑み、新ゴールドプランを策定して、入院日数の短縮化に合わせて「在宅療養料」の再度引き上げを実施し、在宅医療参入の整備を進めている。

【0006】そこで、在宅の寝たきり患者又は準患者、及び診療所、病院、並びに、それらを相互に結ぶ特定機関の相互ネットワークを構築して、在宅医療看護の促進を図ると共に、寝たきり患者又は準患者の医療看護を向上させるために解決すべき技術的課題が生じてくるのであり、本発明はこの課題を解決することを目的とする。

【0007】

【課題を解決するための手段】本発明は上記目的を達成するために提案されたものであり、在宅の寝たきり患者又は準患者、及び診療所、病院、並びに、それらを相互に結ぶ特定機関によって構築される相互ネットワークシステムであって、前記患者は前記特定機関に登録し、前記診療所及び前記病院は該特定機関と契約を結びネットワークシステムを構築すると共に、該ネットワークシステム内で、前記診療所の医師は、前記特定機関により患者を紹介された時、該患者を訪問して初診を行い、且つ、該初診時に該患者に対し、前記特定機関と契約している病院の紹介を行うと共に、該病院に於ける検査を薦め、そして、前記診療所の医師及び看護婦（士）は、該患者のその後の定期的な在宅医療看護を行い、且つ、該医療看護について、前記在宅診療ノートへの記録を行うように構成された寝たきり患者又は準患者の医療看護システムを提供するものである。

【0008】

【発明の実施の形態】以下、本発明の一実施の形態を図1及び図2に従って詳述する。図1に於いて、1は寝たきり患者又は準患者の医療看護システムであり、該寝た

きり患者又は準患者の医療看護システム1は、寝たきり患者又は準患者2と、診療所3、並びに、病院4と、それらを相互に結ぶ特定機関5とから構築される相互ネットワークシステムである。

【0009】そして、前記特定機関5は、前記患者2に対し、該特定機関5への登録を呼びかけ、該呼びかけに応じた患者2は、該特定機関5に登録を行う。又、該特定機関5は前記診療所3及び病院4にシステムへの参加を呼びかけ、該呼びかけに応じた診療所3及び病院4は該特定機関5と契約を締結する。該契約で、該診療所3の医師は、該特定機関5により患者2を紹介された時、該患者2を訪問して初診を行うと共に、該患者2に対し、前記特定機関5と契約している病院4を紹介し、且つ、該病院4に於ける検査を薦め、更に、該診療所3の医師及び看護婦（士）は、該患者2に対し、その後の定期的な在宅医療看護を行い、且つ、該医療看護について在宅診療ノートに記録することとする。更に、前記病院4は、前記患者2の初回検査を行うと共に該診療所3と連携し、且つ、該診療所3を支援する形で検査及び医療看護並びに医療相談を365日24時間体制で行い、そして、該医療看護について在宅診療ノートに記録することとする。尚、前記診療所3は前記患者2が前記病院4にて行う検査及び医療看護が終了した後に於いても引き続き在宅医療看護を行うものとする。又、前記患者2には、前記登録の際に、前記病院4にて行う初回の検査を義務付けると共に、該患者2に在宅診療ノートを保管させることとする。

【0010】而して、前記特定機関5は、患者2が登録されると、該特定機関5と契約している該患者2を適切な近くの診療所3に紹介し、該診療所3の医師は、該患者2を訪問して初診を行う。この初診の際に、該診療所3の医師は、前記特定機関5と契約している病院4を紹介すると共に、該病院4にて行う検査を薦める。更に、前記診療所3の医師及び看護婦（士）は、その後の定期的な在宅医療看護を行い、該医療看護については在宅診療ノートに記録する。そして、前記患者2は、前記在宅診療ノートを持参の上、前記診療所3の医師に紹介された病院4で初回の検査を行う。該病院4は該検査後に必要事項を前記在宅診療ノートに記録して前記患者2に返却する。

【0011】以後、該患者2は、前記診療所3の在宅医療看護を受けると共に、該診療所3の指示により、又は、該患者2の症状に応じて、365日24時間のうち何時でも前記病院4で医療看護又は医療相談を受けることができる。尚、前記在宅診療ノートは、前記診療所3及び前記病院4が医療看護を行う際に記録される。

【0012】又、前記特定機関5は、前記患者2から電話等で連絡されると、前記診療所3、又は、前記病院4に連絡し、適切な処置を依頼するか、又は、電話転送する。或いは、必要に応じて救急車等の手配をすることも

可能である。尚、前記特定機関5は、寝たきり患者又は準患者の医療看護システム1をサポートするため、例えば、タクシー、配食、リネン、ヘルパーの手配等、種々の補助サービスを行うことができる。更に、前記特定機関5に医者や看護婦（士）を常駐させ、前記寝たきり患者又は準患者の在宅医療看護システム1を補完する形で医療相談、在宅医療看護を実施することも可能である。

【0013】前記寝たきり患者又は準患者の医療看護システム1によると、前記特定機関5は多数の患者2、2…に対して該システム1に登録することを薦め、そして、多数の患者2、2…を受け入れて該患者2、2…を登録する。更に、該特定機関5は多数の診療所3、3…及び病院4、4…へ呼びかけて、多数の診療所3、3…及び病院4、4…と契約し、患者2に対して適切な診療所3の医師及び看護婦（士）による在宅医療看護を為す。そして、該特定機関5は、該診療所3に対して適切な病院4を紹介する。

【0014】又、該診療所3は365日24時間体制の医療相談窓口を設ける必要がなくなり、更に、一度、病院4で医療看護を受けた患者2も、再び、診療所3の患者として、その後の在宅医療看護を受けることができる。しかも、該診療所3は在宅診療ノートにより、前記病院4で行われた検査及び医療看護内容について把握することができる。

【0015】更に、前記病院4も、前記初回検査と在宅診療ノートとにより、患者の状況を即座に判断することができ、その判断に基づいて医療看護を行うことができる。

【0016】又、前記患者2は在宅診療ノートで医療看護内容を確認でき、そして、特定された診療所3並びに病院4によって継続的に診療を受けることができ、更に、365日24時間体制で医療相談や医療看護を受けることが可能となり、安心して療養ができる。

【0017】斯くして、前記寝たきり患者又は準患者の在宅医療看護システム1により、診療所3と病院4との円滑な連携が可能となり、在宅医療看護が促進できる。

【0018】又、前記寝たきり患者又は準患者の医療看護システムのネットワークについて、図2に示すような情報ネットワークシステムを構築してもよい。但し、之に限定されるものではない。

【0019】図2に於いて、6は情報ネットワークシステムであり、該情報ネットワークシステム6は、患者2の家に設置される患者情報端末7と、診療所3に設置される診療所情報端末8と、病院4に設置される病院情報端末9と、特定機関5に設置される情報装置10とから構築され、相互に通信装置を介して接続されている。

【0020】前記患者情報端末7は、前記在宅診療ノートに代え、医療看護内容について記録される在宅診療カードKに入出力する在宅診療カード入出力装置7aと、在宅患者2の症状を入力する症状入力装置7bと、前記

症状入力装置7 bにより送信したデータに基づき、回答があったデータを受信して表示する診断受信装置7 cと、医療相談を行うために音声データ又はデジタルデータを送受信する医療相談送受信装置7 dと、緊急用に連絡をとるために音声データ又はデジタルデータを送受信するナースコール送受信装置7 eとからなる。

【0021】又、前記診療所情報端末8は、在宅診療カード入出力装置8 aと、前記症状入力装置7 bからのデータを受信し、症状の診断結果を表示すると共に、医者の診断結果データを入力でき、該診断結果データを送信する症状診断装置8 bと、医療相談送受信装置8 cと、ナースコール送受信装置8 dとからなる。

【0022】更に、前記病院情報端末9は、在宅診療カード入出力装置9 aと、症状診断装置9 bと、医療相談送受信装置9 cと、ナースコール送受信装置9 dとからなる。

【0023】又、前記特定機関情報端末9は、データ検索装置9 aと、前記症状診断装置8 bに出力するための医療看護データ、及び、前記情報ネットワークシステム6に必要なデータを蓄積しており、且つ、前記データ検索装置9 aにデータを提供するためのデータ蓄積装置9 bと、ナースコール送受信装置9 cとからなる。

【0024】尚、前記情報端末7、8、9、10内の、それぞれの前記構成要素は、必要により、任意に選択される。

【0025】次に、前記症状入力装置7 b及び症状診断装置8 b、9 b及びデータ検索装置10 a並びにデータ蓄積装置10 bの作用について説明する。前記患者情報端末7の症状入力装置7 bに患者2又はその家族等が患者2の症状についてのデータを入力すると、前記診療所情報端末8の症状診断装置8 aに送信され、該症状診断装置8 aは必要に応じて、前記特定機関情報端末10のデータ検索装置10 a及びデータ蓄積装置10 bとデータの送受信を行なながら診断結果を表示する。該診断結果に基づき前記診療所3の医師が医師の判断を加えた上で最終診断結果を入力し、該最終診断結果を前記患者情報端末7の診断受信装置7 cに送信すると、前記患者2は該診断受信装置7 cに表示される最終診断結果を確認することができる。又、前記診療所情報端末8と交信できない場合等は、前記患者情報端末7の症状入力装置7 bから前記病院情報端末9の症状診断装置9 bに送信し、同様に診断結果を受信することができる。

【0026】又、前記在宅診療カード入出力装置7 a、8 a、9 aは、診療所3又は病院4の医師や看護婦(士)が在宅診療カードKに医療看護のデータを入力し、且つ、出力させるものであり、前記患者2も出力させて確認することが可能である。

【0027】そして、前記医療相談送受信装置7 d、8 c、9 cは、前記患者情報端末7の医療相談送受信装置7 dと前記診療所情報端末8の医療相談送受信装置8

c、又は、前記病院情報端末9の医療相談受信装置9 cとを結んで前記患者2が医療相談を行えるようにしたものである。

【0028】更に、前記ナースコール送受信装置7 e、8 d、9 d、10 cは、前記患者情報端末7のナースコール送受信装置7 eと前記診療所情報端末8のナースコール送受信装置8 d、又は、前記病院情報端末9のナースコール送受信装置9 d、又は、前記特定機関情報端末10のナースコール送受信装置10 cとを結んで、患者2からの緊急の連絡に対応して、送受信が行えるようにしたものである。尚、前記診療所情報端末8のナースコール送受信装置8 d及び前記特定機関情報端末10のナースコール送受信装置10 cは、前記病院情報端末9のナースコール送受信装置9 dに転送可能となっている。

【0029】斯くして、前記情報ネットワークシステム6により、前記患者2は在宅のまま、症状の診断及び医療相談を受けることができると共に、又、ナースコールもでき、更に、前記在宅診療カードKを介して医療看護内容を確認することができる。又、前記診療所3及び病院4も前記在宅診療カードKを介して情報の共有化が可能になり、相互の連携も促進される。

【0030】尚、本発明は、本発明の精神を逸脱しない限り種々の改変を為すことができ、そして、本発明が該改変されたものに及ぶことは当然である。

【0031】

【発明の効果】本発明は上記一実施の形態に詳述したように、在宅の寝たきり患者又は準患者、及び診療所並びに病院相互を結ぶ特定機関によって相互ネットワークシステムを構築し、前記診療所の医師及び看護婦(士)が在宅医療看護を行い、該診療所の医師から紹介された病院は、初回の検査、及び、前記診療所と連携し、且つ、該診療所を支援する形で、常時、医療看護、及び、医療相談等を該病院内で行うと共に、該診療所の医師及び看護婦(士)並びに該病院で行われた医療看護については、在宅診療ノートに記録するので、前記診療所と前記病院との連携も円滑に行われることが可能となり、且つ、在宅診療ノートにより、前記診療所と前記病院との情報の共有化も可能となる。又、前記診療所は、常時、医療看護及び医療相談等を行う必要がなくなり、更に、患者も診療所と病院の医療看護を安心して受けることが可能となる。斯くして、在宅医療看護の促進を図ると共に、寝たきり患者又は準患者の医療看護を向上させることができ等、正に著大なる効果を奏する発明である。

【図面の簡単な説明】

【図1】本発明の一実施の形態を示し、寝たきり患者又は準患者の在宅医療看護システム。

【図2】図1に示す寝たきり患者又は準患者の在宅医療看護システムの情報ネットワークシステム。

【符号の説明】

寝たきり患者又は準患者の在宅医療看護シ

(5)

特開2001-84301

7

8

スーム

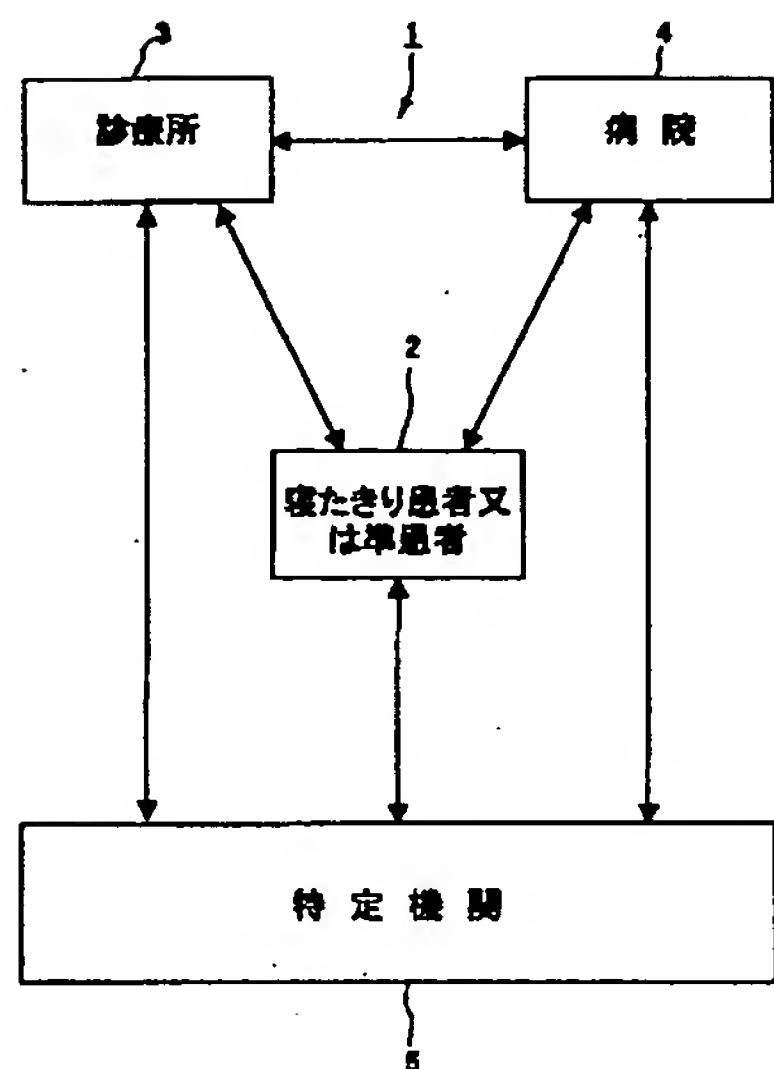
2 痠たきり患者又は準患者
 3 診療所

* 4

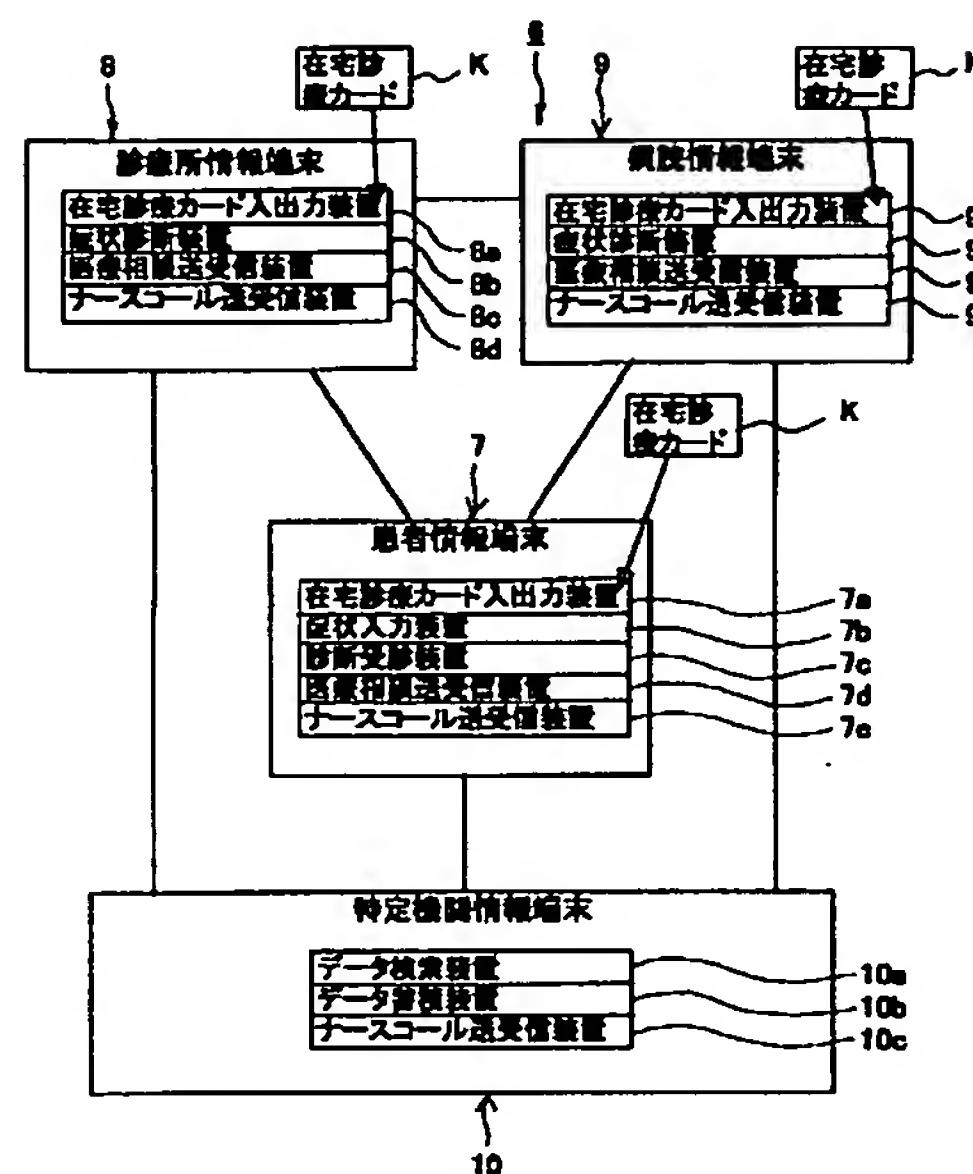
病院
 特定機関

*

【図1】



【図2】



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 5B049 AA01 BB41 CC02

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CLAIMS

[Claim(s)]

[Claim 1] It is the mutual network system built by the specific engine which connects them to the bedridden patient of being home or a semi-patient and a clinic, a hospital, and a list mutually. While, as for said clinic and said hospital, building an epilogue network system for this specific engine and an agreement by said patient registering with said specific engine Within this network system, the medical practitioner of said clinic When a patient is introduced by said specific engine, while introducing the hospital which visited this patient, and performed the first medical examination, and has contracted with said specific engine to this patient at the time of this first medical examination The inspection in this hospital is recommended. And the medical practitioner and nurse (**) of said clinic Periodical remote medical treatment nursing of this patient's after that is performed, and it records in a home medical-examination note about this Medicine and Surgery. Further said hospital While conducting first time inspection of said patient, in the form which cooperates with said clinic and supports this clinic The Medicine and Surgery system of the bedridden patient characterized by being constituted about this Medicine and Surgery so that record for said home medical-examination note may be performed while always holding Medicine and Surgery, a medical consultation, etc. in this hospital, or a semi-patient.

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DETAILED DESCRIPTION

[Detailed Description of the Invention]

[0001]

[Field of the Invention] This invention relates to the Medicine and Surgery system of the bedridden patient for building the mutual network system of the specific engine which connects them to the bedridden patient or the semi-patient, clinic, and hospital list of being home mutually especially about the Medicine and Surgery system of a bedridden patient or a semi-patient, or a semi-patient.

[0002]

[Description of the Prior Art] Conventionally, about **** remote medical treatment nursing, a clinic is original and what a hospital etc. founds another corporation in the thing which performs an aperture and remote medical treatment nursing for the medical consultation window of 365-day 24 hours and the thing which a hospital is original and performs an aperture and remote medical treatment nursing for the medical consultation window of 365-day 24 hours, and a list, and serves a home care core for them is known.

[0003]

[Problem(s) to be Solved by the Invention] When it is remote medical treatment

nursing which a clinic carries out, since the medical consultation window of 365-day 24 hours is required also for the reception in emergency required, remote medical treatment nursing of the **** former has large burden and constraint of a medical practitioner and a clinic, and it does not carry out at almost all clinics now. Moreover, since it becomes continuation hospitalization in case a house call is made, this Medicine and Surgery is performed and it is sent to hospital further again also when a hospital performs remote medical treatment nursing, there is little profitability of this hospital as compared with the burden of a medical practitioner and nursing, and continuation of remote medical treatment nursing is in a difficult situation. Moreover, since a service charge tends to have become a large sum when founding another corporation and serving a home care core, there was a defect in which a patient's support could not be gained. Furthermore, in addition to the above-mentioned remote medical treatment nursing, the approach of remote medical treatment nursing that the clinic and the hospital cooperated can be considered, but in the actual condition, cooperation with a clinic and a hospital is not performed smoothly and most of this approach is not carried out.

[0004] Since inconvenience exists like ****, remote medical treatment nursing is behind in acceleration of operation, and the actual condition is having received the home care service about 7 to 8% of bedridden elderly all over the country. However, further, many bedridden patients or semi-patients receive relief and sufficient remote medical treatment nursing, and the need for shortening of *** days will arise in the control list of buildup of a health care cost from now on. Moreover, it is thought that the need that remote medical treatment nursing good for continuation of the present insurance system etc. is promoted is also produced.

[0005] On the other hand, although mark amendment of a medical treatment fee is performed and "the charge of recuperation at home" is set up as a measure of a country or government, a fee for a visit can also be calculated with remote medical treatment operation by subsequent medical treatment fee mark

amendment. moreover, arrival of the super-aged society which a social insurance system for elderly care is due to carry out recently, and should come in a country -- taking an example -- new Gold Plan -- deciding -- shortening of hospitalization days -- doubling -- "the charge of recuperation at home" -- it raises again and maintenance of remote medical treatment entry is advanced.

[0006] Then, while building the mutual network of the specific engine which connects them mutually in the bedridden patient of being home or a semi-patient and a clinic, a hospital, and a list and aiming at acceleration of remote medical treatment nursing in them, the technical technical problem which should be solved in order to raise Medicine and Surgery of a bedridden patient or a semi-patient arises, and this invention aims at solving this technical problem.

[0007]

[Means for Solving the Problem] This invention is proposed in order to attain the above-mentioned object. The bedridden patient or semi-patient of being home, And it is the mutual network system built by the specific engine which connects them to a clinic, a hospital, and a list mutually. While, as for said clinic and said hospital, building an epilogue network system for this specific engine and an agreement by said patient registering with said specific engine Within this network system, the medical practitioner of said clinic When a patient is introduced by said specific engine, while introducing the hospital which visited this patient, and performed the first medical examination, and has contracted with said specific engine to this patient at the time of this first medical examination The inspection in this hospital is recommended. And the medical practitioner and nurse (**) of said clinic Periodical remote medical treatment nursing of this patient's after that is performed, and it records in a home medical-examination note about this Medicine and Surgery. Further said hospital While conducting first time inspection of said patient, in the form which cooperates with said clinic and supports this clinic While always holding Medicine and Surgery, a medical consultation, etc. in this hospital, the Medicine and Surgery system of the bedridden patient constituted about this Medicine and Surgery so that record for

said home medical-examination note might be performed, or a semi- patient is offered.

[0008]

[Embodiment of the Invention] Hereafter, the gestalt of 1 operation of this invention is explained in full detail according to drawing 1 R> 1 and drawing 2 . In drawing 1 , 1 is the Medicine and Surgery system of a bedridden patient or a semi- patient, and the Medicine and Surgery system 1 of this bedridden patient or a semi- patient is a mutual network system built by a bedridden patient or the semi- patient 2, and a clinic 3 and a list from a hospital 4 and the specific engine 5 which connects them mutually.

[0009] And in said specific engine 5, the patient [registration / to this specific engine 5] 2 according to appeal and this appeal registers with this specific engine 5 to said patient 2. Moreover, in the clinic [participation] 3 according to appeal and this appeal and hospital 4 to a system, this specific engine 5 concludes this specific engine 5 and an agreement in said clinic 3 and hospital 4. When a patient 2 is introduced by this specific engine 5, while the medical practitioner of this clinic 3 visits this patient 2 and performs the first medical examination under the treaty of this The hospital 4 which has contracted with said specific engine 5 is introduced to this patient 2, and the inspection in this hospital 4 is recommended. Further the medical practitioner and nurse (**) of this clinic 3 Suppose that subsequent periodical remote medical treatment nursing is performed, and it records in a home medical-examination note about this Medicine and Surgery to this patient 2. Furthermore, said hospital 4 will hold a medical consultation in inspection and the Medicine and Surgery list in organization for 24 hours on the 365th by the form which cooperates with this clinic 3 while conducting first time inspection of said patient 2, and supports this clinic 3, and will decide to record in a home medical-examination note about this Medicine and Surgery. In addition, said clinic 3 shall perform remote medical treatment nursing succeedingly, also after inspection and Medicine and Surgery which said patient 2 performs in said hospital 4 are completed. Moreover, while

imposing upon said patient 2 a duty of a first-time inspection conducted in said hospital 4 in the case of said registration, it carries out to making this patient 2 keep a home medical-examination note.

[0010] **(ing), this patient 2 that said specific engine 5 will have made a contract of with this specific engine 5 if a patient 2 is registered is introduced to the clinic 3 of suitable near, and the medical practitioner of this clinic 3 visits this patient 2, and performs the first medical examination. In the case of this first medical examination, the medical practitioner of this clinic 3 recommends inspection conducted in this hospital 4 while introducing the hospital 4 which has contracted with said specific engine 5. Furthermore, the medical practitioner and nurse (**) of said clinic 3 perform subsequent periodical remote medical treatment nursing, and record in a home medical-examination note about this Medicine and Surgery. And said patient 2 inspects the first time after bringing said home medical-examination note in the hospital 4 introduced to the medical practitioner of said clinic 3. This hospital 4 records a need matter in said home medical-examination note after this inspection, and returns to said patient 2.

[0011] henceforth -- while this patient 2 receives remote medical treatment nursing of said clinic 3 -- directions of this clinic 3 -- or according to this patient's 2 symptom, it can respond to Medicine and Surgery or a medical request among 24 hours in said hospital 4 at any time for 365 days. In addition, said home medical-examination note is recorded in case said clinic 3 and said hospital 4 perform Medicine and Surgery.

[0012] Moreover, if said specific engine 5 is connected by telephone etc. from said patient 2, he will contact said clinic 3 or said hospital 4, and will request suitable treatment, or will do a telephone transfer. Or it is also possible to arrange an ambulance etc. if needed. In addition, since said specific engine 5 supports the Medicine and Surgery system 1 of a bedridden patient or a semi- patient, he can offer various auxiliary services, such as arrangement of a taxi, catering, linen, and a helper. Furthermore, it is also possible to carry out medical consultation and remote medical treatment nursing in the form which a doctor and a nurse (**)

are stationed permanently at said specific engine 5, and complements the remote medical treatment nursing system 1 of said bedridden patient or a semi-patient.

[0013] According to the Medicine and Surgery system 1 of said bedridden patient or a semi-patient, said specific engine 5 recommends registering with this system 1 to many patients 2 and 2 --, and accepts many patients 2 and 2 --, and registers this patient 2 and 2 --. Furthermore, this specific engine 5 calls to many clinics 3, 3 -- and a hospital 4, and 4 --, contracts with many clinics 3, 3 -- and a hospital 4, and 4 --, and succeeds in remote medical treatment nursing by the medical practitioner and nurse (**) of the suitable clinic 3 to a patient 2. And this specific engine 5 introduces the suitable hospital 4 to this clinic 3.

[0014] Moreover, it becomes unnecessary for this clinic 3 to prepare the medical consultation window of organization for 24 hours on the 365th, and the carrier beam patient 2 can also receive subsequent remote medical treatment nursing for Medicine and Surgery as a patient of a clinic 3 again once further in a hospital 4. And this clinic 3 can be grasped with a home medical-examination note about the inspection in said hospital 4, and the content of Medicine and Surgery.

[0015] Furthermore, with said first time inspection and a home medical-examination note, said hospital 4 can also judge a patient's situation immediately, and can perform Medicine and Surgery based on the decision.

[0016] Moreover, medical treatment becomes [to receive a medical consultation and Medicine and Surgery in organization further for 24 hours for 365 days] possible and is [receive / continuously / a hospital 4 / in clinic pinpointed 3 list / medical examination] possible [check / said patient 2 / for a home medical-examination note / the content of Medicine and Surgery] in comfort.

[0017] Thus, by the remote medical treatment nursing system 1 of said bedridden patient or a semi-patient, the smooth cooperation with a clinic 3 and a hospital 4 is attained, and remote medical treatment nursing can be promoted.

[0018] Moreover, an information network system as shown in drawing 2 may be built about the network of the Medicine and Surgery system of said bedridden

patient or a semi-patient. However, it is not limited to this.

[0019] In drawing 2, 6 is an information network system, and this information network system 6 is built from the patient information terminal 7 installed in a patient's house, the clinic information terminal 8 installed in a clinic 3, the hospital information terminal 9 installed in a hospital 4, and the information equipment 10 installed by the specific engine 5, and is mutually connected through the communication device.

[0020] Home medical-examination card I/O device 7a outputted and inputted on the home medical-examination card K which replaces said patient information terminal 7 with said home medical-examination note, and is recorded about the content of Medicine and Surgery, Diagnostic receiving set 7c which receives and displays data with a reply based on the data transmitted by symptom input-device 7b which inputs an in-home patient's symptom, and said symptom input-device 7b, It consists of 7d of medical consultation transmitter-receivers which transmit and receive voice data or digital data in order to hold a medical consultation, and nurse call transmitter-receiver 7e which transmit and receive voice data or digital data in order to contact to urgent.

[0021] Moreover, said clinic information terminal 8 can input a doctor's diagnostic result data, and is set to symptom diagnostic-equipment 8b which transmits these diagnostic result data, and medical consultation transmitter-receiver 8c from 8d of nurse call transmitter-receivers while it receives the data from said symptom input-device 7b and displays the diagnostic result of a symptom as home medical-examination card I/O device 8a.

[0022] Furthermore, said hospital information terminal 9 is set to home medical-examination card I/O device 9a, symptom diagnostic-equipment 9b, and medical consultation transmitter-receiver 9c from 9d of nurse call transmitter-receivers.

[0023] Moreover, said specific engine information terminal 9 consists of data accumulation equipment 9b for storing data-retrieval-equipment 9a, the Medicine and Surgery data for outputting to said symptom diagnostic-equipment 8b, and data required for said information network system 6, and providing said data-

retrieval-equipment 9a with data, and nurse call transmitter-receiver 9c.

[0024] In addition, said each component in said information terminals 7, 8, and 9 and 10 is chosen as arbitration by the need.

[0025] Next, an operation of data accumulation equipment 10b is explained to said symptom input-device 7b, the symptom diagnostic equipment 8b and 9b, and a data-retrieval-equipment 10a list. If a patient 2 or its family inputs the data about a patient's 2 symptom into symptom input-device 7b of said patient information terminal 7, it is transmitted to symptom diagnostic-equipment 8a of said clinic information terminal 8, and this symptom diagnostic-equipment 8a will display a diagnostic result if needed, performing transmission and reception of data-retrieval-equipment 10a of said specific engine information terminal 10 and data accumulation equipment 10b, and data. If a final-diagnosis result is inputted after the medical practitioner of said clinic 3 adds decision of a medical practitioner based on this diagnostic result, and this final-diagnosis result is transmitted to diagnostic receiving set 7c of said patient information terminal 7, said patient 2 can check the final-diagnosis result displayed on this diagnostic receiving set 7c. Moreover, when it cannot communicate with said clinic information terminal 8, it can transmit to symptom diagnostic-equipment 9b of said hospital information terminal 9 from symptom input unit 7b of said patient information terminal 7, and a diagnostic result can be received similarly.

[0026] Moreover, you make the data of Medicine and Surgery input and output to the home medical-examination card K, said patient 2 also makes it output, and said home medical-examination card I/O devices 7a, 8a, and 9a can be checked by the medical practitioner and nurse (**) of a clinic 3 or a hospital 4.

[0027] And said medical consultation transmitter-receivers 7d, 8c, and 9c connect medical consultation transmitter-receiver 8c of 7d of medical consultation transmitter-receivers of said patient information terminal 7, and said clinic information terminal 8, or medical consultation receiving set 9c of said hospital information terminal 9, and said patient 2 enables it to hold a medical consultation.

[0028] Furthermore, said nurse call transmitter-receivers 7e, 8d, 9d, and 10c connect nurse call transmitter-receiver 10 of 8d [of nurse call transmitter-receivers of nurse call transmitter-receiver 7e of said patient information terminal 7 and said clinic information terminal 8], 9d [of nurse call transmitter-receivers of said hospital information terminal 9], and said specific engine information terminal 10 c, and it enables it to transmit and receive them corresponding to the urgent communication from a patient 2. In addition, nurse call transmitter-receiver 10 of 8d [of nurse call transmitter-receivers of said clinic information terminal 8] and said specific engine information terminal 10 c can be transmitted to 9d of nurse call transmitter-receivers of said hospital information terminal 9.

[0029] Thus, with said information network system 6, said patient 2 can also do a nurse call and can check the content of Medicine and Surgery through said home medical-examination card K further while he can respond to a diagnosis and a medical consultation of a symptom with being home. Moreover, informational share-ization is attained by said clinic 3 and hospital 4 through said home medical-examination card K, and mutual cooperation is also promoted.

[0030] In addition, this invention can succeed in various alterations, unless it deviates from the pneuma of this invention, and it is natural to attain to that by which this invention was this changed.

[0031]

[Effect of the Invention] As explained in full detail in the gestalt of up Norikazu operation, this invention The bedridden patient or semi- patient of being home, And a mutual network system is built with the specific engine which connects both hospitals to a clinic list. The hospital to which the medical practitioner and nurse (**) of said clinic gave remote medical treatment nursing, and were introduced by the medical practitioner of this clinic In the form which cooperates with a first-time inspection and said clinic, and supports this clinic While always holding Medicine and Surgery, a medical consultation, etc. in this hospital, about Medicine and Surgery performed in the medical practitioner and nurse (**) list of this clinic in this hospital Since it records in a home medical-examination note, it

becomes possible to also perform cooperation with said clinic and said hospital smoothly, and share-ization of the information of said clinic and said hospital also becomes possible with a home medical-examination note. Moreover, it becomes unnecessary for said clinic to hold Medicine and Surgery, a medical consultation, etc., and it always becomes able [a patient] to receive Medicine and Surgery of a clinic and a hospital in comfort further. Thus, while aiming at acceleration of remote medical treatment nursing, that Medicine and Surgery of a bedridden patient or a semi- patient can be raised etc. is just invention which does ineffective effectiveness so work size.

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DESCRIPTION OF DRAWINGS

[Brief Description of the Drawings]

[Drawing 1] The gestalt of 1 operation of this invention is shown and it is the remote medical treatment nursing system of a bedridden patient or a semi-patient.

[Drawing 2] The information network system of the remote medical treatment nursing system of the bedridden patient who shows drawing 1 , or a semi- patient.

[Description of Notations]

1 Remote Medical Treatment Nursing System of Bedridden Patient or Semi-Patient

2 Bedridden Patient or Semi- Patient

3 Clinic

4 Hospital

5 Specific Engine

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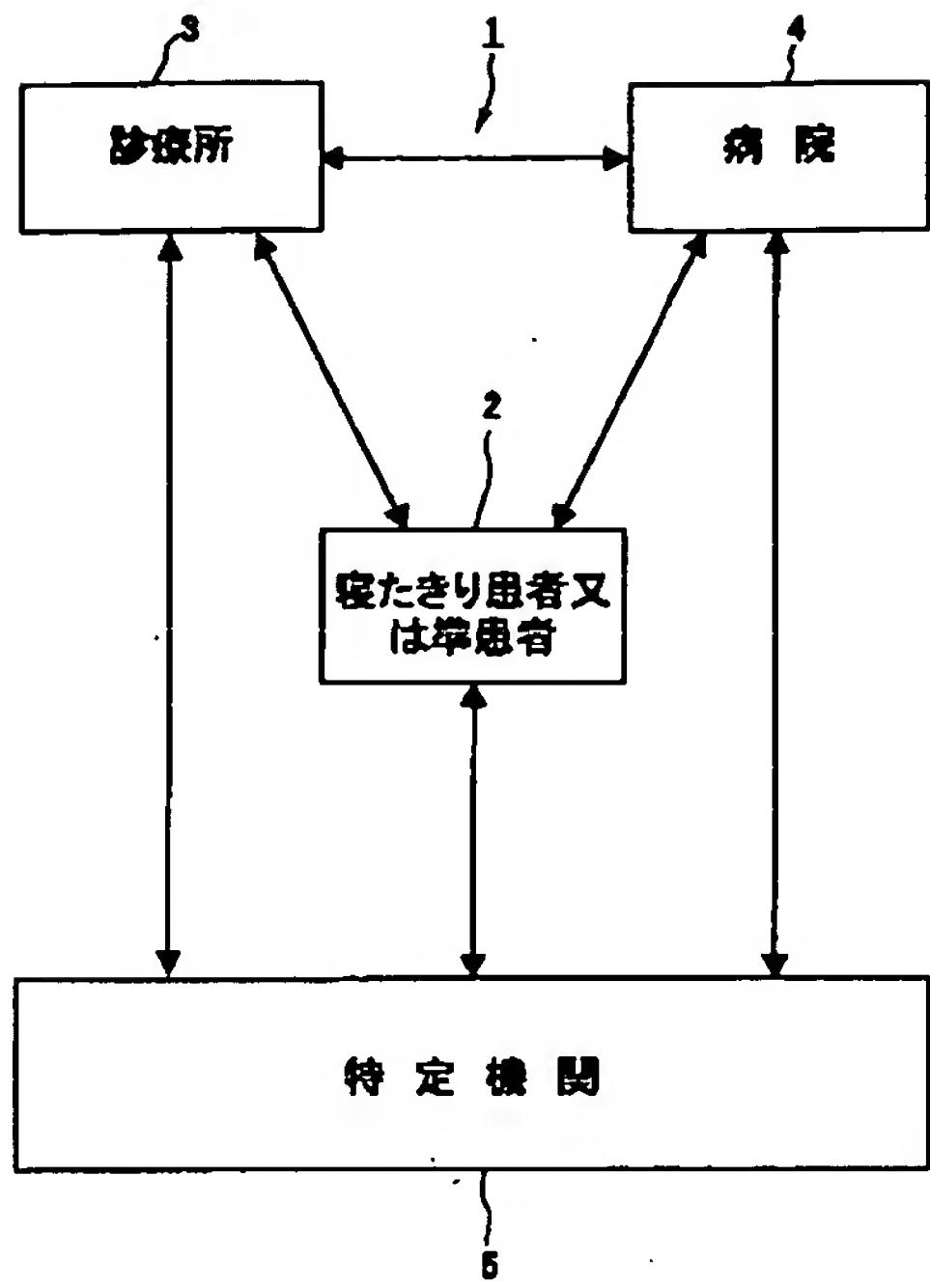
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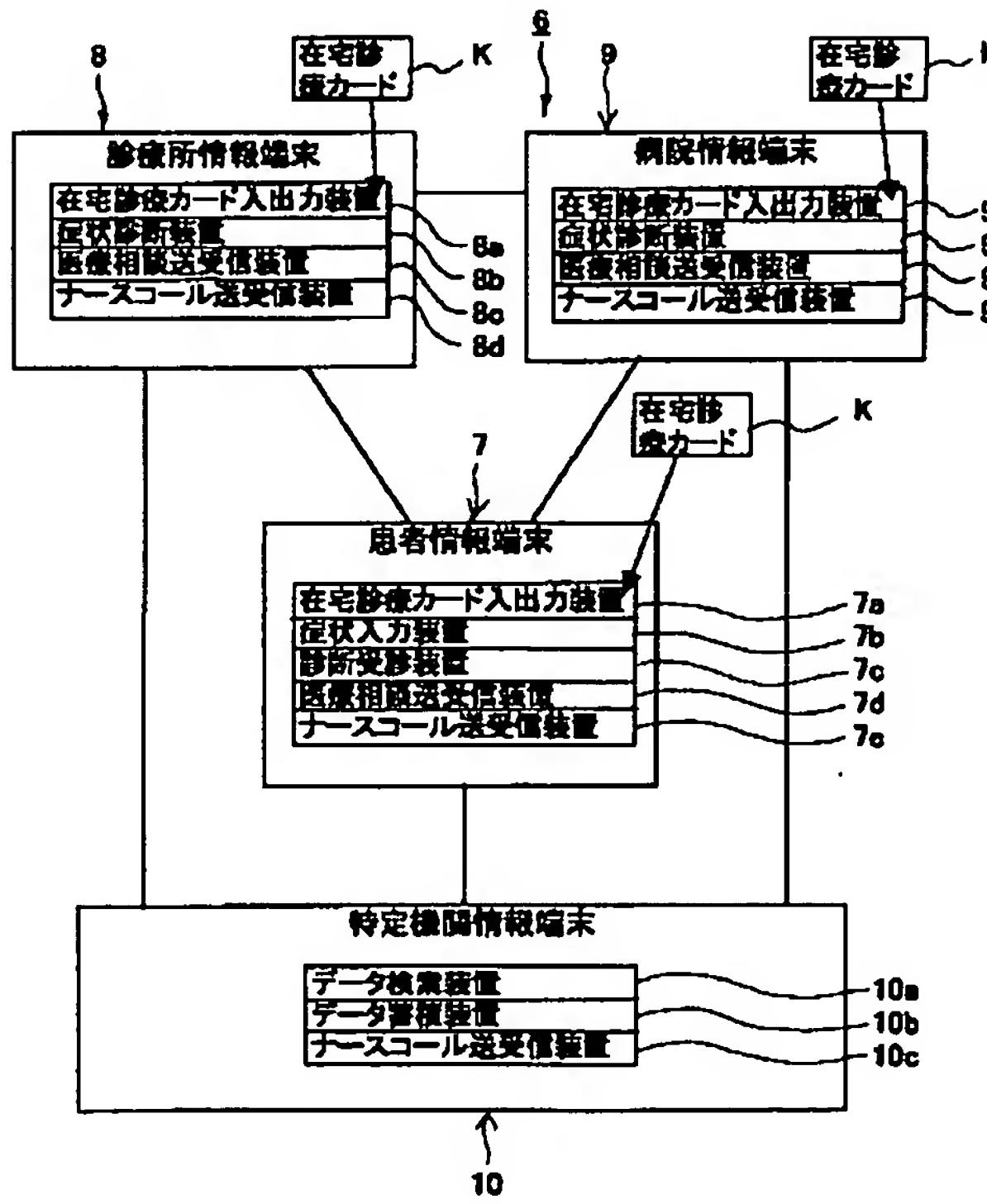
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DRAWINGS

[Drawing 1]



[Drawing 2]



[Translation done.]